

PRODUCER OF WASTE (Must be filled by producer)

Name: ALUMINUM CO OF AMERICA ☐ ☐ ☐ ☐ ☐ ☐

(PRINT OR TYPE) CODE NO.

Pick up Address: _____
(NUMBER) (STREET) (CITY)

Telephone Number: () P.O. or Contract No.: 770749

Order Placed By: _____ Date: 1 / 1 / 76

Type of Process which Produced Wastes: _____ ☐ ☐ ☐ ☐ ☐ ☐

(Examples: metal plating, equipment cleaning, oil refining
wastewater treatment, pickling bath, petroleum refining)

CODE NO.

DESCRIPTION OF WASTE (Must be filled by producer)		
Check type of wastes:		
1. <input type="checkbox"/> Acid solution	6. <input type="checkbox"/> Tetraethyl lead sludge	11. <input type="checkbox"/> Contaminated soil and sand
2. <input type="checkbox"/> Alkaline solution	7. <input type="checkbox"/> Chemical toilet wastes	12. <input type="checkbox"/> Cannery waste
3. <input type="checkbox"/> Pesticides	8. <input type="checkbox"/> Tank bottom sediment	13. <input type="checkbox"/> Latex waste
4. <input type="checkbox"/> Paint sludge	9. <input type="checkbox"/> Oil	14. <input checked="" type="checkbox"/> Mud and water
5. <input type="checkbox"/> Solvent	10. <input type="checkbox"/> Drilling mud	15. <input type="checkbox"/> Brine

Components:		Concentration:		%	ppm
Upper	Lower				
1.					
2.					
3.					
4.					
5.					
6.					

Hazardous Properties of Waste:

pH 9.2 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 100 ☐ gal ☐ tons ☒ barrels (42 gal.) ☐ other (SPECIFY)

Containers: (NUMBER) ☐ drums ☐ cartons ☐ bags ☒ other 7-1/2 (SPECIFY)

Physical State: ☐ solid ☒ liquid ☒ sludge ☐ other (SPECIFY)

Special Handling Instructions (if any):

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury
that the foregoing is true and correct.

HAULER OF WASTE (Must be filled by hauler)
ASBURY OIL CO.
 13419 Halldale Ave., Gardena, California 90249
 Phone: (213) 321-1392

Pick Up: 1-21-78 Time: ☐am ☐pm
(DATE) 15

State Liquid Waste Hauler's Registration No. (if applicable): _____

Job No.: _____ No. of Loads or Trips: _____ Unit No. 9

Vehicle: ☒ vacuum truck 1 barrels, ☐ flatbed, ☐ other _____ (SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury
that the foregoing is true and correct.

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): _____
Site Address: _____

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

recovery

<input type="checkbox"/> treatment (specify):		[EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION]		CODE NO.	
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☐ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well ☐ other (specify): _____

If waste is held for disposal elsewhere specify final location:

Disposal Date: 1-21-78

I certify (or declare) under penalty of perjury
that the foregoing is true and correct.

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

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**FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.**

D.O.T. Proper Shipping Name